



**CITY OF SUGAR LAND
Development Services**

ROOFING PERMIT APPLICATION

PROJECT ADDRESS: _____

SUBDIVISION: _____

PROPERTY OWNER: _____
NAME PHONE#

PROPERTY OWNER ADDRESS: _____

CITY/STATE ZIP

ROOFING CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____
CITY/STATE ZIP

PHONE: () VALUATION: _____

DESCRIPTION OF MATERIAL TO BE USED

REQUIREMENTS PRIOR TO ISSUANCE OF PERMITS

ALL CONTRACTORS SHALL PROVIDE A CURRENT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY, MINIMUM \$300,000, NAMING THE CITY OF SUGAR LAND AS CERTIFICATE HOLDER.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE WORK WILL BE COMPILED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

APPLICANT

DATE

ROOF PERMIT FEES: \$15 BASE FEE, PLUS \$5 FOR EACH THOUSAND DOLLARS OF JOB EVALUATION